

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538228

ATTORNEY(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		/		/			53						
4		2					54						
5		2					55						
6		2		/			56						
7		2		/			57						
8		2		/			58						
9		2		/			59						
10		2		/			60						
11		2		/			61						
12		2		/			62						
13		2		/			63						
14		2		/			64						
15		2		/			65						
16		2		/			66						
17		2		/			67						
18		2		/			68						
19		2		/			69						
20		2		/			70						
21		2		/			71						
22		2		/			72						
23	/		/				73						
24	/		/				74						
25		2		/			75						
26		2		/			76						
27		2		/			77						
28		2		/			78						
29		2		/			79						
30		2		/			80						
31		2		/			81						
32		2		/			82						
33		2		/			83						
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35		2		/			85						
36		2		/			86						
37		2		/			87						
38		2		/			88						
39		2		/			89						
40		2		/			90						
41		2		/			91						
42		2		/			92						
43		2		/			93						
44		2		/			94						
45		2		/			95						
46		2		/			96						
47		2		/			97						
48		2		/			98						
49		2		/			99						
50		2		/			100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	13	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			16				TOTAL CLAIMS						